VILLA PINES LIVING CENTER

201 SOUTH PARK STREET, P.O. BOX 130

FRIENDSHIP Ownership: 53934 Phone: (608) 339-3361 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 102 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	Primary Diagnosis	응	Age Groups	용	Less Than 1 Year	37.5
Supp. Home Care-Personal Care	No					1 - 4 Years	46.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.5	More Than 4 Years	16.3
Day Services	No	Mental Illness (Org./Psy)	18.8	65 - 74	6.3		
Respite Care	No	Mental Illness (Other)	1.3	75 - 84	38.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.8	95 & Over	7.5	Full-Time Equivalent	5
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	26.3	65 & Over	92.5		
Transportation	No	Cerebrovascular	7.5			RNs	12.4
Referral Service	No	Diabetes	8.8	Sex	용	LPNs	10.5
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	32.5	Male	33.8	Aides, & Orderlies	48.9
Mentally Ill	No			Female	66.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	[

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			anaged	l 		
Level of Care	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	309	59	100.0	106	0	0.0	0	11	100.0	135	0	0.0	0	0	0.0	0	80	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		59	100.0		0	0.0		11	100.0		0	0.0		0	0.0		80	100.0

VILLA PINES LIVING CENTER

Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	I	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.5	Bathing	7.5		66.3	26.3	80
Other Nursing Homes	3.0	Dressing	8.8		66.3	25.0	80
Acute Care Hospitals	76.0	Transferring	30.0		32.5	37.5	80
Psych. HospMR/DD Facilities	3.5	Toilet Use	27.5		38.8	33.8	80
Rehabilitation Hospitals	0.0	Eating	77.5		16.3	6.3	80
Other Locations	2.0 *	*******	*****	*****	*****	******	*****
otal Number of Admissions	200	Continence		%	Special Treatmen	ts	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	5.0	Receiving Resp	iratory Care	11.3
Private Home/No Home Health	16.9	Occ/Freq. Incontinen	t of Bladder	47.5	Receiving Trac	heostomy Care	1.3
Private Home/With Home Health	17.9	Occ/Freq. Incontinen	t of Bowel	23.8	Receiving Suct	ioning	0.0
Other Nursing Homes	6.5	-			Receiving Osto	my Care	3.8
Acute Care Hospitals	37.8	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	3.0	Physically Restraine	d	10.0	Receiving Mech	anically Altered Diet	s 40.0
Rehabilitation Hospitals	0.0					-	
Other Locations	4.0	Skin Care			Other Resident C	haracteristics	
Deaths	13.9	With Pressure Sores		5.0	Have Advance D	irectives	85.0
otal Number of Discharges	i	With Rashes		7.5	Medications		
(Including Deaths)	201				Receiving Psyc	hoactive Drugs	55.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownership:			Size:		ensure:				
	This	Non	profit	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	olo	Ratio	90	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	75.5	86.5	0.87	82.4	0.92	83.3	0.91	85.1	0.89		
Current Residents from In-County	73.8	79.3	0.93	79.0	0.93	75.8	0.97	76.6	0.96		
Admissions from In-County, Still Residing	10.0	23.9	0.42	21.3	0.47	22.0	0.45	20.3	0.49		
Admissions/Average Daily Census	256.4	107.3	2.39	130.4	1.97	118.1	2.17	133.4	1.92		
Discharges/Average Daily Census	257.7	110.2	2.34	132.8	1.94	120.6	2.14	135.3	1.90		
Discharges To Private Residence/Average Daily Census	s 89.7	41.6	2.16	58.2	1.54	49.9	1.80	56.6	1.59		
Residents Receiving Skilled Care	100	93.2	1.07	93.4	1.07	93.5	1.07	86.3	1.16		
Residents Aged 65 and Older	92.5	95.7	0.97	94.2	0.98	93.8	0.99	87.7	1.06		
Title 19 (Medicaid) Funded Residents	73.8	69.2	1.07	73.9	1.00	70.5	1.05	67.5	1.09		
Private Pay Funded Residents	13.8	22.6	0.61	17.0	0.81	19.3	0.71	21.0	0.65		
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	20.0	35.9	0.56	34.5	0.58	37.7	0.53	33.3	0.60		
General Medical Service Residents	32.5	18.1	1.80	19.0	1.71	18.1	1.80	20.5	1.59		
Impaired ADL (Mean)	48.3	48.7	0.99	48.0	1.00	47.5	1.02	49.3	0.98		
Psychological Problems	55.0	52.0	1.06	51.4	1.07	52.9	1.04	54.0	1.02		
Nursing Care Required (Mean)	8.8	6.8	1.29	6.8	1.28	6.8	1.29	7.2	1.22		